

Robert West

**UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON**

**ROBERT WEST**  
**Plaintiff(s),**

**Case No.: 3:15-cv-00715-ST**

**v.**

**PRO BONO APPOINTMENT  
RESPONSE FORM**

**MAYOR HALES, et al.**  
**Defendant(s).**

\_\_\_\_\_/

In response to the Court's Order Appointing Pro Bono Counsel, I hereby certify that:

☒ Representation of Robert West for the purpose of filing an amended complaint is accepted. If appropriate, a Substitution of Counsel will be filed to designate the responsible attorney continuing as counsel of record.

☐ Termination of this appointment is requested based on the following conflict of interest:

\_\_\_\_\_  
\_\_\_\_\_

☐ No conflict of interest exists. However, termination of this appointment is requested for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

**DATED** this 22 day of June, 2015.

/s/ Greg Lockwood  
Signature

Greg Lockwood, OSB No. 114415  
Printed Name and Oregon State Bar No.